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PARK (J. W.)

REFLEX AMBLYOPIA.

BY

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REFLEX AMBLYOPIA.

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The very interesting articles by my friend, Dr. C. A. Wood, of Chicago, Ill., on the "Toxic Amblyopias," which have appeared in the *Annals of Ophthalmology and Otology*, during the past summer, recall to my mind a few very interesting cases of reflex amblyopias, one of which was especially so, and came under my care while at the Royal London Hospital, in June, 1889. I have had two cases in private practice since that time, but as they differ merely in a few symptoms, I will give the report of the case above mentioned as recorded in my note book at that time, and the treatment of the same until the discharge of the patient.

Mrs. L.; aged 41 years; widow; principal employment, dress-making; family history good in every respect. I made especial inquiry as regards hysteria, but could find no trace of any. She first came to the hospital in June, 1889, complaining of headaches, blurring of type and dimness of vision for close work. Had symptoms of asthenopia and especially in R. E. R. E. V. $= \frac{6}{36}$. L. E. V. $= \frac{6}{6}$ with a manifest hypermetropia of sph. + 1.5C, D. I prescribed for her the following lenses. R. E. sph. + 1.50 = $\frac{6}{9}$, L. E. sph. + 1.50 = $\frac{6}{9}$, and advised her to wear them constantly. On June 28th, she returned and said that three or four days after wearing her glasses she noticed vision of R. E. failing, and failing very fast up to the time she returned. An examination showed the following: R. E. V = counting of fingers at ten inches only, in outer and lower field of vision, and in other parts of field, motion of hand only. Pupil acts imperfectly to light, and a slight amount of divergent strabismus visible. Her vision for colors was normal in L. E. Ophthalmoscopically there was nothing of a pathological nature to be seen except a slight hazy condition of the entire retina, and the borders of the optic disc slightly obscured. Her field of vision was now taken for first time, which was quite limited. The case was examined by five Ophthalmic surgeons, and the majority of them differing as to their diagnosis of the case. Supposing that it might be a case of retro-bulbar optic neuritis, she was given two and a half grains each of potassium and sodium iodide three times a day and requested to report in a week's time. Patient returned July 5th, with no improvement of vision. To-days perimetric chart showed field of vision more contracted, and vision worse than the week previous.

By suggestion of Dr. Lindsey Johnson, I carefully examined her teeth and found in the right superior maxillary the roots of five teeth which had been filed down level with the gums, and she was wearing an artificial set of teeth over these. I ordered all of the teeth to be extracted and to return in four days. Patient returned July 9th with vision somewhat improved. July 16th considerable improvement. Patient could count fingers at two and one-half feet on nasal side of field. Patient did not return until July 26th when the

perimeter showed an almost normal field of vision. The last visit she made to hospital was on August 30th, when I found her entire field of vision restored and prescribed for her the following lenses:

R. E. sph. $+.50 \bigcirc$ cyl. $+.50$ Ax. $180 = \frac{6}{6}$.

L. E. sph. $+1.50 = \frac{6}{6}$. Ophthalmoscope showed the haziness of retina entirely gone, and border of disc clearly seen.

This was undoubtedly a case of amblyopia, due to dental irritation of the fifth pair. The pathology of these cases is not definitely known, but is supposed to be due to some vaso-motor disturbances of the retina, or centers of vision. I am inclined to think the former is generally the case. The other two cases I had in private practice, showed a similar hazy condition of retina, which also disappeared after the extraction of a few bad teeth on the same side in the superior maxillary. There seems to be some general anæsthesia of the retina in these cases. This was markedly so in the case just reported.

As a rule the field of vision in most cases becomes concentrically restricted, leaving the central field not much impaired; this, however, was not the case in this patient. Her field of vision diminished rapidly, and more upon the nasal side until it was practically gone, and then steadily began to improve until entirely regained. There was no inconstancy in the restricted field, as is generally the case in such patients. The cases are also rare in which the amblyopia is so complete as it was in this one.

All treatment was of no avail until the removal of the teeth, when the patient made a complete recovery.

Last May, 1892, I wrote to the patient inquiring as to the present condition of her eyes, and received a reply in the early part of June, 1892, saying that she was still wearing the glasses I prescribed for her, and that she had no return of her former symptoms, which was then three years ago.

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